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State Board of Professional Engineers and Land Surveyors
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INSTRUCTIONS FOR REINSTATEMENT, REACTIVATION AND RESUMPTION OF PRACTICE APPLICATION OF A NEW JERSEY LICENSE

Mailing Address:
P.O. Box 45015
Newark, NJ 07101
(973) 504-6460
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Please be advised that under the New Jersey Uniform Enforcement Act (N.J.S.A. 45:1-7.1b), a license shall be suspended thirty (30) days following the expiration date (April 30, 2006). A licensee may reinstate a suspended license within five (5) years following its date of expiration (April 30, 2004), by meeting the following requirements (pursuant to N.J.S.A. 45:1-7.2).

SUSPENDED, INACTIVE OR RETIRED FOR 5 YEARS OR LESS - COMPLETE SECTIONS: I, II, III, IV, V, & VII.

Pursuant to N.J.A.C. 13:40-2.15(e), any individual with his/her license suspended for 5 years or less must reinstate the license.

Pursuant to N.J.A.C. 13:40-2.15(h), any individual with his/her license in an inactive status for 5 years or less must reactivate their license.

Pursuant to N.J.A.C. 13:40-12.4, any individual who has had their license in a retired or retired-paid status must seek to resume practice.

SUSPENDED, INACTIVE OR RETIRED FOR 5 YEARS OR MORE - COMPLETE SECTIONS: I thru VII

Pursuant to N.J.A.C. 13:40-2.15(f), any individual with his/her license suspended for 5 years or more shall reapply for licensure and shall demonstrate that he/she has maintained proficiency.

Pursuant to N.J.A.C. 13:40-2.15(i), any individual with his/her license in an inactive status for 5 years or more shall reapply for licensure and shall demonstrate the he/she has maintained proficiency.

Pursuant to N.J.A.C. 13:40-12.4(3), any individual who has had their license in a retired or retired-paid status for 5 years or more must seek to resume practice.

The following are instructions for reinstatement, reactivation or resumption of practice of a license:

- 1. Complete:**
 - The enclosed Application for Reinstatement, Reactivation or Resumption of Practice of a New Jersey license;
- 2. Enclose the following:**
 - Completed Application
 - Payment of all required fees. (*See attached invoice for the exact amount due*).
 - If applicable, provide proof that you have satisfied the requirement for continuing education pursuant to N.J.S.A. 45:8-35.2. (required for individuals licensed as land surveyors (GS) or that hold dual licenses as professional engineer & land surveyor (GB)).

*******PLEASE NOTE, YOU MUST POSSESS AN ACTIVE NEW JERSEY LICENSE IN ORDER TO PRACTICE ENGINEERING AND/OR LAND SURVEYING, INCLUDING, BUT NOT LIMITED TO, SIGNING & SEALING DOCUMENTS. SIGNING AND SEALING DOCUMENTS WITHOUT AN ACTIVE LICENSE MAY BE CONSIDERED THE UNLICENSED PRACTICE OF YOUR PROFESSION AND MAY RESULT IN DISCIPLINARY ACTION.**

Please submit all of the above referenced documentation to:

New Jersey State Board of Professional Engineers and Land Surveyors
Mrs. Evelyn Tolbert
124 Halsey Street, 3rd Floor, P.O. Box 45015
Newark, New Jersey 07101



New Jersey Office of the Attorney General



APPLICATION FOR REINSTATEMENT, REACTIVATION OR RESUMPTION OF PRACTICE OF A NEW JERSEY LICENSE

YOU MAY NOT PRACTICE IN THE STATE OF NEW JERSEY UNTIL YOUR LICENSE IS IN AN ACTIVE STATUS

Please select the status your license is currently in: Suspended - ☐ Inactive - ☐ Retired or Retired-Paid - ☐

Please type or print in black ink. This application must be completed, notarized and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

SECTION I

Complete the following information:

Full Name _____

Address _____

City, State, Zip _____

Telephone Number(s) _____
(Home) (Work)

Date of Birth _____ Social Security Number _____

Type of License/Certificate _____ NJ License/Certificate Number _____

Initial License/Certificate Date _____ Date of Last Renewal _____

Type of practice involved in or employed in (check appropriate box):

Proprietorship ☐ Corporation ☐ Partnership ☐ Professional Service Corp. ☐

If self-employed and you use a business address other than your home, complete the following:

(Business Name)

(City) (State) (Zip Code)

SECTION II

Complete the following starting with the earliest employment until the expiration of you most recent license:

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

SECTION III

PRACTICE OF LICENSURE

Were you engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey License was not in an active status? ☐ Yes ☐ No

If “Yes”, please provide a description of work or list of projects signed & sealed during the lapsed period along with the corresponding date of signature. You may use additional sheets if necessary.

	<i>Description/ Project</i>	<i>Date Signed and Sealed</i>
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24.		

SECTION IV

EXPLANATION OF YOUR FAILURE TO RENEW PROMPTLY

On the space below, please provide an explanation of your failure to renew promptly:

SECTION V

Answer all questions from the time period that you were last licensed or certified in New Jersey.

1. Since your last renewal have you been arrested, charged or convicted of any crime or offense **that you have not already reported to your board/committee?** (Minor traffic offenses, such as speeding or parking need not be provided but Motor Vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
2. Since your last renewal has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority **that you have not already reported to your board/committee?** ☐ Yes ☐ No
5. Have you completed the continuing education units as required as part of renewal of your license? If you answered "Yes", please provide a copy of all certificates. ☐ Yes ☐ No

****** PLEASE NOTE - If you have answered "Yes" to any questions from 1-4 above, you must provide an explanation and attach any and all related documents.***

6. I am requesting retired license status ☐ Yes ☐ No
Pursuant to N.J.S.A. 45:8-36.2 you must meet the following requirements to request retired status:
 - a) I am 62 years of age or older ☐ Yes ☐ No
 - b) I have been licensed for 25 years or more ☐ Yes ☐ No
 - c) I shall not offer/practice professional engineering in the state of New Jersey while in Retired license status. ☐ Yes ☐ No

The fee for a retired license is \$40.00

SECTION VI

CONTINUED PROFICIENCY IN YOUR PROFESSION

Please indicate, in the space provided, your current knowledge, competency and skill that demonstrates your continued proficiency during the period that your license was not active:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION VII

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Applicant's Full Signature

Date _____

Notary's Full Signature

Date _____

Notary's Commission Expires on:

Affix Notary Seal

CHANGE OF ADDRESS FORM FOR A PROFESSIONAL LICENSE

Print new address below. If changing more than one address, submit on a copy of this form.. Mail address changes to: Professional Board Consumer Service Center, Division of Consumer Affairs, P.O. Box 45046, Newark, NJ 07101, or fax to 973-273-8035.

Last Name _____ First Name _____ Middle Name or Initial _____

License Number ____ _ Profession: _____

(Alpha Letters) (6 digit license #)

The address below is my: ____ Home ____ Mailing ____ Business

Street _____

City _____ State _____ Zip _____ Country _____

Certification: Under penalties of perjury, I declare that the information indicated above is true, complete and correct.

Sign Here: _____ Date ____/____/____

Directions

If your mailing address has changed from that printed on the renewal form, submit this form immediately to the Professional Board Consumer Service Center, Division of Consumer Affairs, P.O. Box 45046, Newark, NJ 07101, or fax to 973-273-8035.

Your New Jersey licensing board retains your:

Home Address, Business Address and Mailing Address. One of these you determine to be your address of record. If you don't indicate an address of record, your home address will be considered your address of record. Your address of record is the address available to the public on request or via the Internet. An address of record may not be solely a post office address.